

# Baby Steps: Infant Toddler Quality Improvement Project Invoice 2007-2008

Office of Child Care

Invoice Number: \_\_\_\_\_

Billing Period (circle): 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup>

Center Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Vendor Number \_\_\_\_\_ Contract Number \_\_\_\_\_

## INVOICE CALCULATION (Do not write in the gray sections)

1. Reimbursement for training: \$110.00 multiplied by \_\_\_\_\_ groups of 8 infants **1.**

**Circle the target month:**

**Total Monthly Attendance**

**No. of days in the Month**

Sept. 2007 (1<sup>st</sup> billing period)

Jan. 2008 (2<sup>nd</sup> billing period)

April 2008 (3rd billing period)

Average Daily Attendance (ADA) = Monthly Attendance divided by the number of days in the month. Write this number here: \_\_\_\_\_.

2. Stipend Amount. Refer to ADA invoice chart below **2.**

3. Invoice total (Add Line 1 + Line 2) = **3.**

## ADA INVOICE CHART – Stipend Amount

YOUR ADA (Average Daily Attendance)	Invoice Amount (Write this amount on the invoice amount line)
1 – 4.4	\$600
4.5 – 8.4	\$800
8.5 – 12.4	\$1200
12.5 – 16.4	\$1600
16.5 – 20.4	\$2000
20.5 – 24.4	\$2400
24.5 – 28.4	\$2800
28.5 and above	\$3200

**REQUIRED ENCLOSURES:** Quarterly Report \_\_\_\_\_ Training Report \_\_\_\_\_ Attendance Form \_\_\_\_\_

\_\_\_\_\_  
Grantee Signature

\_\_\_\_\_  
Date

### For Office of Child Care Use Only

Fund	Agency	Low Org	Appr Code	Activity Code	Object Code	Report Category	Amount
1000	6000	6160	NJH	6ITG		CCIT	

Approved by: \_\_\_\_\_ Program Specialist Date: \_\_\_\_\_

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